

Type and print name inside this box → [+]

0010 PTO
Rev. 8/95

JUL 02 2004

U.S. Department of Commerce
Patent and Trademark Office

DECLARATION



Declaration Submitted
with Initial Filing



Declaration Submitted
after Initial Filing

Attorney Docket

GMH/416/US

First Named Inventor

Rainer Herrmann

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As an above named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Method and Apparatus for Determining the Mass
of Portioned Units of Active Substances**

(Title of the invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY) _____ as United States Application or PCT International Application Number

and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Codes of Federal Regulations, §1.56.

I hereby claim foreign priority under Title 35, United States Code § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed		Copy Attached	
			Yes	No	Yes	No
03 008 198.9	Europe	04/08/2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto:

As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number:

Firm Name:

Allx, Yale & Ristas, LLP

Customer Number:

002543

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Rainer	Middle Initial	Family Name	Herrmann	Suffix

Inventor's Signature	Date
<i>Rainer Herrmann</i>	13.4.2004

RESIDENCE: City	Hamburg	State	Country	Germany	Citizenship	German

POST OFFICE ADDRESS	Kottwitzstrasse 15

City	Hamburg	State	Zip	20253	Country	Germany	Applicant Authority

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Stefan	Middle Initial	Family Name	Zaage	Suffix

Inventor's Signature	Date
<i>Stefan Zaage</i>	13.4.04

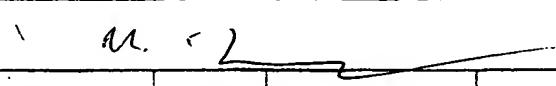
RESIDENCE: City	Hannover	State	Country	Germany	Citizenship	German

POST OFFICE ADDRESS	Schierholzstr. 25c

City	Hannover	State	Zip	30655	Country	Germany	Applicant Authority

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name		Udo			Middle Initial				Family Name		Schlemm			Suffix										
Inventor's Signature												Date		13.4.2004										
RESIDENCE: City		Hamburg			State					Country		Germany			Citizenship		German							
POST OFFICE ADDRESS		Weidenstieg 10																						
City		Hamburg			State					Zip		20259			Country		Germany			Applicant Authority				
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name					Middle Initial				Family Name					Suffix										
Inventor's Signature												Date												
RESIDENCE: City					State					Country					Citizenship									
POST OFFICE ADDRESS																								
City					State					Zip					Country					Applicant Authority				
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name					Middle Initial				Family Name					Suffix										
Inventor's Signature												Date												
RESIDENCE: City					State					Country					Citizenship									
POST OFFICE ADDRESS																								
City					State					Zip					Country					Applicant Authority				
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name					Middle Initial				Family Name					Suffix										
Inventor's Signature												Date												
RESIDENCE: City					State					Country					Citizenship									
POST OFFICE ADDRESS																								
City					State					Zip					Country					Applicant Authority				
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name					Middle Initial				Family Name					Suffix										
Inventor's Signature												Date												
RESIDENCE: City					State					Country					Citizenship									
POST OFFICE ADDRESS																								
City					State					Zip					Country					Applicant Authority				
Additional Inventors are being named on supplemental sheet(s) attached hereto										<input type="checkbox"/>														